**Performance**

**Report**

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| Name: | Italian Aged Care Day Therapy Centre |
| Commission ID: | 500220 |
| Address: | 33 Kent Road, MARANGAROO, Western Australia, 6064 |
| Activity type: | Quality Audit |
| Activity date: | 12 March 2024 to 13 March 2024 |
| Performance report date: | 18 April 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1210 Italian Aged Care Incorporated  
Service: 26259 IAC Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8435 ITALIAN AGED CARE INCORPORATED  
Service: 25203 ITALIAN AGED CARE INCORPORATED - Community and Home Support

**This performance report**

This performance report for Italian Aged Care Day Therapy Centre (**the service**) has been prepared by R Falco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with management, staff, consumers, and representatives.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Staff know consumers’ preferences, respect their dignity, and take the time to get to know consumers, and observations showed support workers and volunteers assisting consumers as required. Consumers and representatives said staff treat consumers with dignity and respect when they attend their homes and communicate with them effectively.

The service is an Italian Catholic centred service with a high percentage of consumers being of Italian ethnicity and culture. Staff ensure they understand consumers’ needs and are aware of their cultural preferences. Consumers said they feel safe, and staff ensure communication is understood when delivering care and services.

Decisions regarding care and social activities consumers wish participate in are documented. Consumers are supported to make connections with others and person-centred care is central to the values of the service and are embedded in service delivery. Consumers said they exercise choice and independence and make decisions about the way their care and services are delivered.

Risk assessments are undertaken and strategies to mitigate risks are implemented to ensure consumers’ safety. Documentation showed risks are identified and consumers and representatives are involved in discussions when developing mitigation strategies. Consumers said they are supported to take risks to allow them to live their best life.

Consumers are provided monthly financial statements and information regarding their home care services are kept in a file in their home. Resources, including newsletters, activity schedules, consumer surveys and other documents are available to consumers to enable them to exercise choice.

Policies and procedures are in place to guide staff in the confidentiality and security of consumers’ personal information. Staff understand the importance of ensuring consumers’ privacy and confidentiality is maintained, and consumers felt staff respect their privacy when providing care and services.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice for HCP and CHSP compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Assessment and planning identifies the health risks, goals, needs and preferences of consumers and is used to inform the delivery of care and services. Processes are in place to ensure advance care planning and end of life planning is discussed if the consumer wishes. Consumers and representatives said they are satisfied the service identifies risks to consumers and uses the information to plan care.

Documentation showed consumers decide who they wish to involve in their care, including other health providers. Staff have access to consumers’ care plans electronically and care plans are discussed with consumers and representatives to ensure they understand the care and services provided. Consumers and representatives said they are involved in the assessment and planning process and are aware of the contents of care plans and can ask for a copy if needed.

Policies and procedures are in place to guide staff on when to review care plans, including when circumstances change. Clinical staff conduct assessments and update care plans if consumers’ needs change, and this is communicated to all staff involved in the care of the consumer. Consumers and representatives feel the service will adjust care and services if consumers’ circumstances change and notify representatives when this occurs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers for HCP and CHSP compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Care is provided to consumers that is tailored to their needs and preferences, and optimises their health and well-being. Management described how they identify consumers at risk and ensure mitigation strategies are documented and implemented. Staff are aware of consumers’ risks and processes are in place to manage high impact or high prevalence risks associated with the care of each consumer. Progress notes showed consumers’ identified risks are managed in line with their care plan.

Consumers are supported during the end of life phase, including consideration for medical care, religious, or spiritual beliefs. Clinical staff provide palliative care and initiate referrals to palliative specialists and involve other health providers and family. Staff ensure consumers receive care in accordance with their wishes.

Documentation showed a deterioration or change of a consumer’s health is recognised and responded to in a timely manner. Staff know how to identify and respond to signs of deterioration and are clear about their roles and responsibilities. Consumers and representatives feel if consumers were to deteriorate the service would take appropriate action.

Communication relating to consumers’ condition, needs and preferences occurs with internal and external service providers. Staff described how information is documented, said they have access to care plans and receive updates when circumstances change. Consumers and representatives said the service knows consumers’ needs and preferences.

Documentation showed consumers are referred to other organisations, individuals, and providers in a timely manner. Staff are familiar with the referral process and provided examples of referring consumers to other service providers. Consumers and representatives said the service refers consumers to other organisations when their personal or clinical care changes.

Staff are provided training relating to infection control and the use of personal protective equipment. Effective systems are in place to minimise infection related risks and management described the process they follow if an infection is reported.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers are supported with specialised equipment to enable them to maintain their independence and quality of life. Staff promote consumers’ independence and involve allied health professionals where necessary. Consumers and representatives feel staff support consumers to live the way they want and know what is important to them.

Assessment and planning identifies consumers’ spiritual and emotional support needs. Staff recognise when a consumer is feeling low and know the strategies each consumer requires to feel supported. Consumers said staff provide them with support when they are feeling low.

Documentation includes information about consumers’ likes, dislikes and preferences, and staff could describe the interests of consumers. Consumers and representatives said consumers are supported to participate in the wider community, have personal and social relationships and do things that are of interest to them.

Communication regarding care and services is provided to consumers and documentation showed information being shared with other service providers responsible for delivering care. Staff can access information regarding consumers’ daily living support needs via their mobile phone and consumers said staff know their needs and preferences.

Staff described the process for identifying when and how referrals to other providers are made and documentation showed referrals are initiated and followed up. Consumers are satisfied the service makes prompt referrals to appropriate providers of other services when required.

The service seeks feedback and input from consumers for choice and preference for meals and consideration of any known allergies. Consumers’ dietary requirements and preferences are recorded in their electronic record and shared with other organisations that prepare meals. Consumers said they are satisfied with the meals provided.

The service monitors equipment used by consumers to ensure it is safe, suitable, clean, and well maintained. Transport is provided for consumers who require it, and processes are in place to ensure the bus is well maintained, safe and clean.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living for HCP and CHSP compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service runs a day care therapy centre where consumers come to participate in activities and social interactions with their community. The facility is welcoming and considers the safety and mobility needs for consumers to effectively use the space. Observations showed consumers with walking aids moving through the day centre with ease due to the wide automatic doors and wide hallways.

Cleaning of the day centre is undertaken daily by contracted cleaning staff and kitchen staff have a cleaning schedule they follow. A review of the maintenance register shows that maintenance is effectively managed and completed in a timely manner.

Staff clean all activity equipment used daily and check them before use. Any issue with equipment is reported to the maintenance officer and processes are in place for keeping the day centre in good condition and fixing any reported issues.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment for HCP and CHSP compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers are encouraged to provide feedback and information provided to consumers includes contact details for advocacy services and external complaints options. Consumers felt comfortable providing feedback and know how to escalate matters if required. Consumers and representatives said they are encouraged to provide feedback and are given information relating to advocacy and language services.

Policies are in place relating to complaints management and open disclosure principles. Staff are familiar with complaint processes and can identify when matters need to be escalated to management. Most consumers were satisfied with actions taken in response to feedback and complaints and said staff were open and transparent when dealing with their concerns.

Feedback and complaints are reviewed to inform improvements in care and services. Feedback and complaints data is recorded and analysed to identify trends or any systemic concerns. An annual satisfaction survey is sent to consumers and representatives and examples were provided of when feedback was used to improve care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints for HCP and CHSP compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Workforce skills and resources are reviewed to ensure safe and effective care is delivered to consumers. A network of sub-contractors and agencies support the service to meet temporary or unexpected care needs and changes. Staff felt there was enough staff with the appropriate skills to meet the needs of consumers. Consumers were satisfied with the care they receive and said staff are not rushed when providing care and services.

Staff are supported through training and buddy shifts with an experienced team member who can check competencies and promote consumer-centred care and services. Feedback is used to determine whether staff are providing kind and respectful care to consumers and staff said they deliver care that is respectful by getting to know consumers and checking their preferences. Consumers said staff are kind, respectful and caring.

Staff are kept up to date and informed of legislative compliance changes via online learning, toolbox training sessions and team meetings. Sub-contractor agreements include the code of conduct and the requirement to provide evidence of appropriate skills, qualifications and clearances which are reviewed annually. Capability checks are completed during onboarding processes to ensure staff can undertake the duties of their role. Review mechanisms are in place to ensure staff qualifications are maintained and the scheduling system prevents shift allocation to staff without the appropriate clearances. Consumers feel confident the workforce is adequately skilled and trained.

Policies and procedures guide staff through all aspects of performance management, including biennial staff appraisals. Staff said they can request training or support at any time and mandatory training needs to be completed as part of the appraisal process. Management said incidents and feedback were also used to review staff performance and training needs.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources for HCP and CHSP compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Consumers are encouraged to provide feedback through multiple avenues, including an annual client survey. Staff seek feedback and suggestions at every contact with consumers and feedback is discussed at monthly board meetings to inform continuous improvement. Consumers said their suggestions and feedback have resulted in improvements to their care.

Policies and procedures relating to cultural safety and inclusivity outline the service’s commitment to deliver safe and quality care and services. The board is informed of trends and areas of improvement identified at clinical and management meetings. Sub-contractors are informed of, and are obligated to adhere to the code of conduct whilst delivering care and services. Consumers reported receiving culturally appropriate care from staff.

Governance structures are in place to support the strategic priorities of the organisation. Information management is discussed at board meetings and the service currently uses an electronic system for financial and personal information, scheduling, and consumer care. A continuous improvement register is maintained and identifies actions, responsibilities, and outcomes. The board has oversight of income and expenditure with roles and responsibilities in place to identify and track the unspent funds of consumers. Position descriptions clearly define the qualifications required to undertake each role and the workforce is monitored to ensure the delivery of safe care and services. The organisation keeps up to date with legislation requirements through government websites and attending forums and a feedback register is maintained which includes communication with consumers on progress, investigations, and outcomes.

Training and guidance support staff to identify and respond to abuse and neglect. Risk meetings are held to discuss risks and mitigation strategies, and a risk register is maintained to identify consumers at risk. Policies are in place to guide staff to support consumers to live the best live they can, and examples were provided how staff support consumers to take risks in their everyday lives. An incident register is used to record all incidents and is used to identify trends and inform continuous improvement.

A clinical governance framework supports clinical staff in the provision of safe clinical care that is best practice, including antimicrobial stewardship, minimising restraint, and open disclosure. Clinical staff support consumers on the use of antibiotics and information pamphlets are available to educate consumers. Governance systems identify roles and responsibilities when restrictive practices are being used and includes notification and/or escalation processes if an inappropriate use of restrictive practice is identified. Open disclosure policies and procedures are in place and the incident register showed open disclosure was used when things go wrong.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance for HCP and CHSP compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)